U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  Name Lawrence F Neidig, Jr.  Labor Organization File Number, and address of labor organization.  Name International Brotherhood of Electrical Worker  Labor Organization File Number 000-116  P.O. Box, Bldg., Room No., if any  Street 900 Seventh Street N W  City Washington  State District of Columbia ZIP Code + 4 20001-3886  State District of Columbia ZIP Code + 4 20001-3886	grant Berghant and	
3. Name and address of person filing.  Name Lawrence  F Neidig, Jr.  Labor Organization File Number 000-116  P.O. Box, Bidg., Room No., if any  Street 900 Seventh Street NW  City Washington  City Washington  State District of Columbia ZIP Code +4 20001-3886  Street photoroganization.  Str. Ex. Asst. to the Int Officers  Enter appropriate data below lif, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  E. Name and address of Employer (including trade name, if any).  Name  Trade Namo, if any:  P.O. Box, Bidg., Room No., if any  T.b. Amount.  7.b. Amount.  7.c. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report fordizing the intermetion contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	1. File Number U -	2. Fiscal Year Covered From:
Name Lawrence   P   Neidig, Jr.   Name International Exotherhood of Electrical Norke: Labor Organization File Number   000-116   P.O. Box, Bidg., Room No., if any   P.O. Box, Building and Room Number, if any   Street   900 Seventh Street NW   Street   900 Seventh Street NW   City   Washington   City   Washington   State   District of Columbia   ZIP Code +4   20001-3886   State   District of Columbia   ZIP Code +4   ZIP Code +4		1 / 1 / 2004 Through: 12 / 31 / 2004
Labor Organization File Number   000-116	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bildg., Room No., if any  Street 900 Seventh Street NW  City Washington  City Washington  State District of Columbia ZiP Code + 4 20001-3886 State District of Columbia ZiP Code + 4 20001-3886  5. Position in labor organization.  Sr. Ex. Asst. to the Int Officers  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of momentary value from an employer whose employees your organization represents or is actively sacking to represent.  7.a. Name  7.b. Amount.  7.b. Amount.  7.b. Amount.  15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed J. M. J.	Name Lawrence F Neidig, Jr.	Name International Brotherhood of Electrical Worker
Street 900 Seventh Street N W   Street 900 Seventh Street NW   City   Nashington   City   Nashington   City   Nashington   State   District of Columbia   ZiP Code+4   20001-3886   District of Columbia		Labor Organization File Number 000-116
Street 900 Seventh Street N W   Street 900 Seventh Street NW   City   Nashington   City   Nashington   City   Nashington   State   District of Columbia   ZiP Code+4   20001-3886   District of Columbia	P.O. Box, Bldg., Room No., if any	P.O. Box Building and Room Number if any
City Washington  City Washington  City Washington  City Washington  State District of Columbia ZIP Code + 4 20001-3886  5. Position in labor organization.  Sr. Ex. Asst. to the Int Officers  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's Knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)  On 7/19/2005 1-202-728-6003		1.3. Dox, Building and Room Rumber, II any
State District of Columbia ZIP Code + 4 20001-3886 State District of Columbia ZIP Code + 4 20001-3886  5. Position in labor organization.  Sr. Ex. Asst. to the Int Officers  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed J. P. J. P. J. P. J.	Street 900 Seventh Street N W	Street 900 Seventh Street NW
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  City  Slate  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 7/19/2005  1-202-728-6003	City Washington	City Washington
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Slate  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 7/19/2005  1-202-728-6003	State District of Columbia ZIP Code + 4 20001-3886	State District of Columbia ZIP Code +4 20001-3886
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  A. Held an interest in, engaged in transactions (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   On 7/19/2005 1-202-728-6003	Sr. Ex. Asst. to the Int Off:	icers
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  T.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Additional Control of the information on the penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Addaman	Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Additional State of the undersigned and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name	
Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Add Add Add Add Add Add Add Add Add A	Trade Name, if any:	
Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Add Add Add Add Add Add Add Add Add A	P.O. Box, Bldg., Room No., if any	
Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Addamage  On 7/19/2005 1-202-728-6003	According to the contraction of	7.b. Amount.
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Add Add Signature  On 7/19/2005 1-202-728-6003	Street	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 7/19/2005 1-202-728-6003	City	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 7/19/2005 1-202-728-6003	State 7/D Code / 4	Annual of the state of the stat
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On  7/19/2005  1-202-728-6003	Cities (1)	
Submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed On 7/19/2005 1-202-728-6003	Siar	
	15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information
	15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)

Name of Person Filing Lawrence Neidig, Jr.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Byron Davis  Trade Name, if any: Riviera Hotel Palm Springs	a. Labor Organization		
P.O. Box, Bldg., Room No., if any  Street 1600 N Indian Dr	b. Trust c. Employer		
City Palm Springs			
State California ZIP Code + 4 92262-4602		y grant	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	4/24/04 Golf		
Trade Name, if any:		e de la companya de l	
P.O. Box, Bldg., Room No., if any		District (1 district on the company)	
Street	11.b. Approximate dollar value of such dealing.	\$80	
City	12.a. Nature of interest held or income received.	Belander of promotive and the second and appropriate and the second and the secon	
State ZIP Code + 4		10 Nicolandor pare	
		noncommunity or other control of the	
		The desired are an agreement and an agreement and agreement ag	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.		